

LOCAL CASE NO. \_\_\_\_\_

AST No. 34 Rev. 4/86

SHEET		OF		SHEET(S)		
Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejection	First Aid By

[illegible]

Diagram Not to Scale = (20 feet)		Location		Time	
Diagram Scale 1 inch (10 feet)				A.M. P.M. MT.	
Signature of Reporting Officer(s)		Officer ID	Reporting Police Agency ORI	DATE	
				Month	Day